

Healthier Washington

Health Innovation Leadership Network Quarterly Meeting

9 a.m.-noon Friday, April 15, 2016

Cambia Grove | Suite 250 | 1800 9th Avenue | Seattle

Public listen-only webinar access: <https://attendee.gotowebinar.com/register/8170028176281789443>

Agenda

Meeting Objectives:

- Understand our multisector leadership role in accelerating our shared goal to incent and deliver quality and value in Washington's health and health care systems; and
- Provide an update and receive Leadership Network feedback on the design and early results of the Healthier Washington evaluation.

- 9:00 a.m. Welcome and Introductions
John Wiesman, Healthier Washington Executive Governance Council
Nathan Johnson, Healthier Washington Coordinator
- 9:30 a.m. Spotlight On: Healthier Washington and Paying for Value
Diana Birkett Rakow, Group Health Cooperative
Al Fisk, The Everett Clinic
Rachel Quinn, Health Care Authority
Hugh Straley, Dr. Robert Bree Collaborative
Jeff White, The Boeing Company
- 10:35 a.m. Break
- 10:45 a.m. Healthier Washington Quarterly Update: Paying for Value
Nathan Johnson
- 11:05 a.m. Healthier Washington Evaluation
Doug Conrad, University of Washington
Tao Kwan-Gett, University of Washington
David Mancuso, Department of Social and Health Services
Erin Hertel, Center for Community Health and Evaluation
- 11:50 a.m. Next Steps
John Wiesman
- Items for the good of the order
 - Meeting evaluation and agenda items for next meeting
 - Next meeting 9 a.m.-noon July 29 at Cambia Grove
- 12:00 p.m. Adjourn

Thank you to Cambia Grove for hosting today's Health Innovation Leadership Network meeting.

<u>Name</u>	<u>Organization</u>
Dorothy Teeter, Co-Chair	Health Care Authority
Rick Cooper, Co-Chair	The Everett Clinic
Chris Ackerley	Ackerley Partners, LLC
Peter Adler	Molina Healthcare Washington, Inc.
Teresita Batayola	International Community Health Services
Randi Becker	Washington State Senate
Nicole Bell	Cambia Grove
Diana Birkett Rakow	Group Health Cooperative
Brian Bonlender	Department of Commerce
Marty Brown	State Board of Community and Technical Colleges
Antony Chiang	Empire Health Foundation
Ann Christian	Community Mental Health Council
Eileen Cody	House of Representatives
Sean Corry	Sprague Israel Giles, Inc.
Bob Crittenden	Office of the Governor, Legislative Affairs
Winfried Danke	CHOICE Regional Health Network
Regina Delahunt	Whatcom County Health and Human Services
Greg Devereux	Washington Federation of State Employees
Jim Diegel	Whatcom Alliance for Health Advancement
Sue Elliott	Arc of Washington
Andre Fresco	Yakima Health District
Nancy Giunto	Washington Health Alliance
Mike Glenn	Jefferson Healthcare, Port Townsend

<u>Name</u>	<u>Organization</u>
Amy Morrison Goings	Lake Washington Institute of Technology
Paul Hayes	HMC Administration
Ross Hunter	Department of Early Learning
Uriel Iniguez	Washington Commission on Hispanic Affairs
Nancy Johnson	Colville Business Council
Mike Kreidler	Office of the Insurance Commissioner
Pam MacEwan	Health Benefits Exchange
Tom Martin	Lincoln Hospital and North Basin Medical Clinics
Todd Mielke	Spokane County
Peter Morgan	Family Health Centers
Steve Mullin	Washington Roundtable
Diane Narasaki	Asian Counseling and Referral Service
Dan Newell	Office of the Superintendent for Public Instruction
Diane Oakes	Washington Dental Service Foundation
Richard Pannkuk	Office of Financial Management
Gail Park Fast	Educational Service District 105
Kathleen Paul	Virginia Mason Medical Center
Kevin Quigley	Department of Social and Health Services
Chris Rivera	WA Biotechnology and Biomedical Association
David Rolf	SEIU 775 NW
Joe Roszak	Kitsap Mental Health Services
Bill Rumpf	Mercy Housing Northwest
Peter Rutherford	Confluence Health, Wenatchee
Joel Sacks	Department of Labor and Industries

<u>Name</u>	<u>Organization</u>
Marilyn Scott	Upper Skagit Indian Tribe
Jill Sells	Reach Out and Read Washington State
Preston Simmons	Providence Regional Medical Center
Andi Smith	Office of the Governor, Legislative Affairs
Diane Sosne	SEIU 1199 NW
Aren Sparck	Seattle Indian Health Board
Hugh Straley	Dr. Robert Bree Collaborative
Jurgen Unutzer	University of Washington, Department of Psychiatry
Janet Varon	Northwest Health Law Advocates
Ron Vivion	Washington State Council on Aging
Rick Weaver	Central Washington Comprehensive Mental Health
David Wertheimer	Gates Foundation, Pacific Northwest Initiative
Caroline Whalen	King County
John Wiesman	Department of Health

State Innovations in Delivery and Payment Reform



*State Innovations Group,
CMMI*

April 5, 2016

HHS commitment to value and quality

In January 2015, the Department of Health and Human Services announced **new goals** for **value-based payments** and **APMs in Medicare**

Medicare Fee-for-Service

GOAL 1: **30%** 

Medicare payments are tied to quality or value through **alternative payment models (categories 3-4)** by the end of 2016, and 50% by the end of 2018

GOAL 2: **85%** 

Medicare fee-for-service payments are **tied to quality or value (categories 2-4)** by the end of 2016, and 90% by the end of 2018



STAKEHOLDERS:

Consumers | Businesses
Payers | Providers
State Partners



Set **internal goals** for HHS



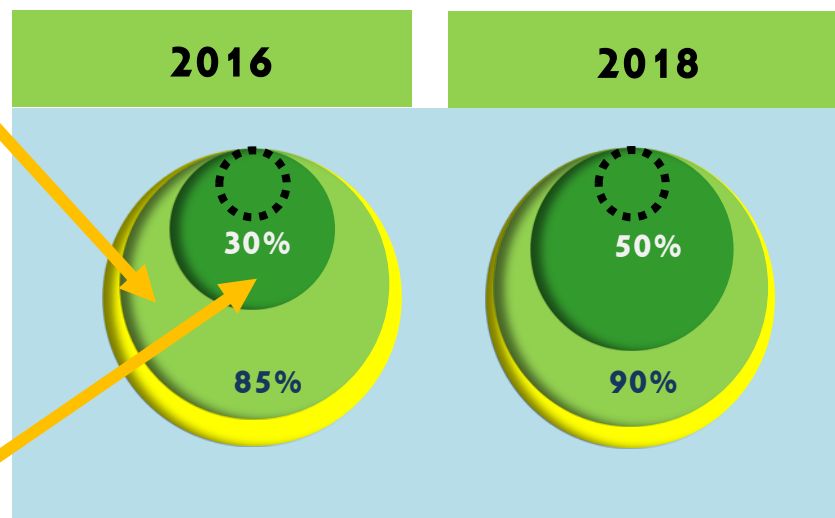
Invite **private sector payers** to match or exceed HHS goals

Medicare Access and CHIP Reauthorization Act moves us closer to meeting these goals...

The new **Merit-based Incentive Payment System** helps to link **fee-for-service payments** to quality and value.

The law also provides incentives for **participation in Alternative Payment Models** in general and bonus payments to those in the most highly advanced APMs

New HHS Goals:



All Medicare fee-for-service (FFS) payments (Categories 1-4)



Medicare **FFS** payments **linked to quality and value** (Categories 2-4)



Medicare payments linked to quality and value **via APMs** (Categories 3-4)



Medicare-Payments to those in the most highly advanced APMs under MACRA

...and toward transforming our health care system.

3 goals for our health care system:

BETTER care
SMARTER spending
HEALTHIER people

Via a focus on **3 areas**



Incentives



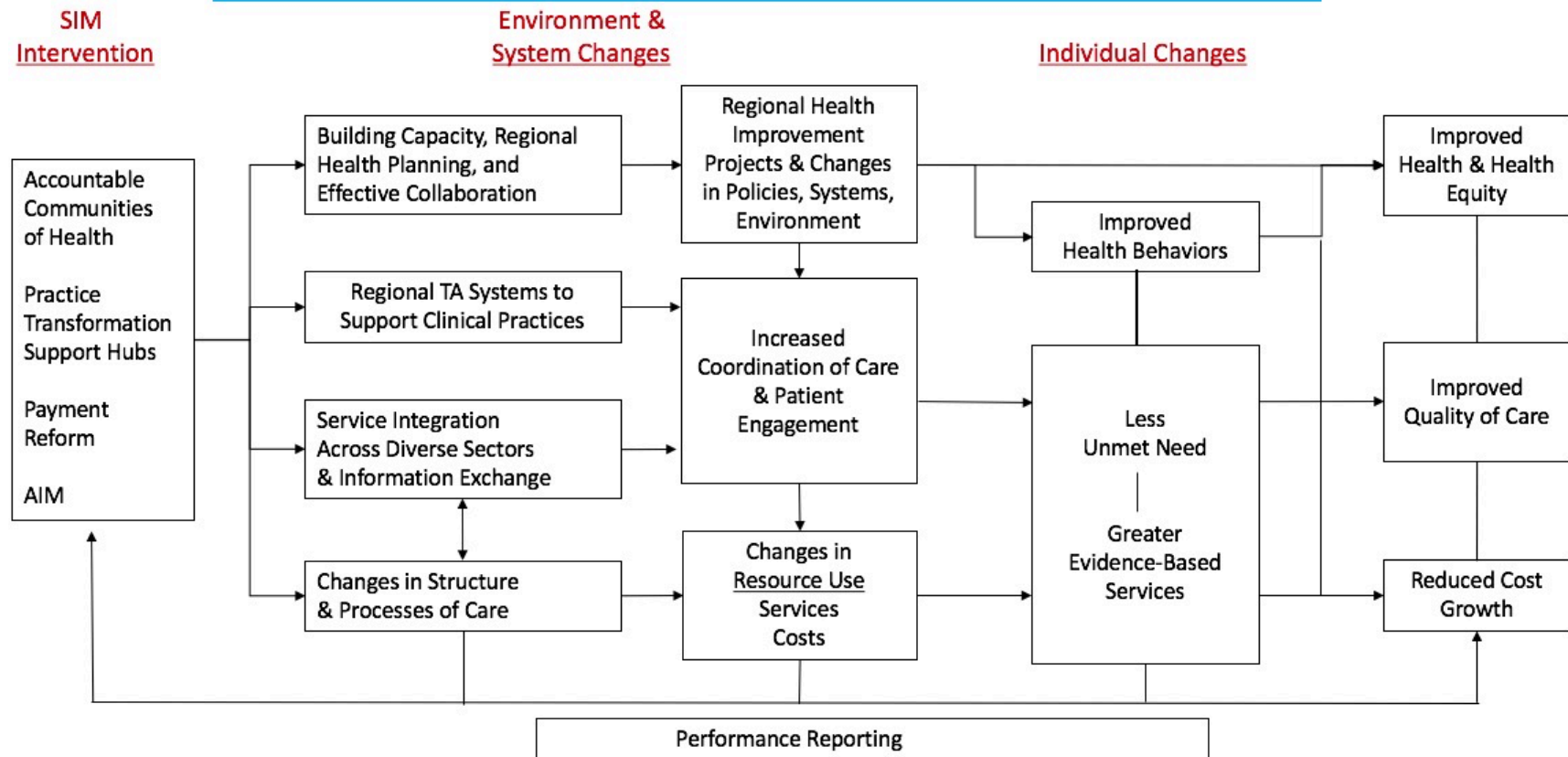
**Care
Delivery**



**Information
Sharing**

Evaluation for the Washington State Innovation Model (SIM)

Conceptual Model of Washington's State Innovation Model (SIM)



Year 1 of the ACH Evaluation

From “Building the Foundation for Regional Health Improvement: Evaluating Washington’s Accountable Communities of Health”



An Accountable Community of Health (ACH) is a regional coalition consisting of leaders from a variety of different sectors working together to improve health in their region. As part of the Healthier Washington Initiative, nine ACHs began formally organizing across Washington in 2015. They are intended to strengthen collaboration, develop regional health improvement plans and projects, and provide feedback to state agencies about their regions’ health needs and priorities. The Health Care Authority (HCA) is supporting ACH development through guidance, technical assistance (TA), and funding from the State Innovations Model (SIM) grant.

ACH structures created, first steps taken in collaboration and community engagement.

All nine regions were formally designated as ACHs. Requirements for designation included establishing operations and governance structures, multi-sector and community engagement, regional health improvement plan (RHIP) efforts, and initial sustainability planning.

HCA encouraged ACHs to be creative and community-driven when establishing their governance and operations. Each ACH formed a different structure, resulting in a natural experiment where best practices can emerge from various ACH approaches.

Governance.

ACHs have governing bodies that range in size (15-44 participants) and decision-making procedures. Some ACHs have additional groups at the region or county level that provide input to the governing bodies.

Backbones.

There are three types of organizations providing operational support to ACHs: local public health, community-based organizations, and nonprofits that play a dual role as backbone and ACH.



“It’s going to require a paradigm shift for everyone and our stakeholders. It’s more than saying we’ll work together. It’s a new way of thinking.”

Community engagement.

ACHs are all working towards multi-sector engagement, but have defined sectors differently and incorporated representation at differing levels of their governance structures. ACHs are also using various strategies for public participation, ranging from comment periods during board meetings to open events where all attendees can engage in discussion.

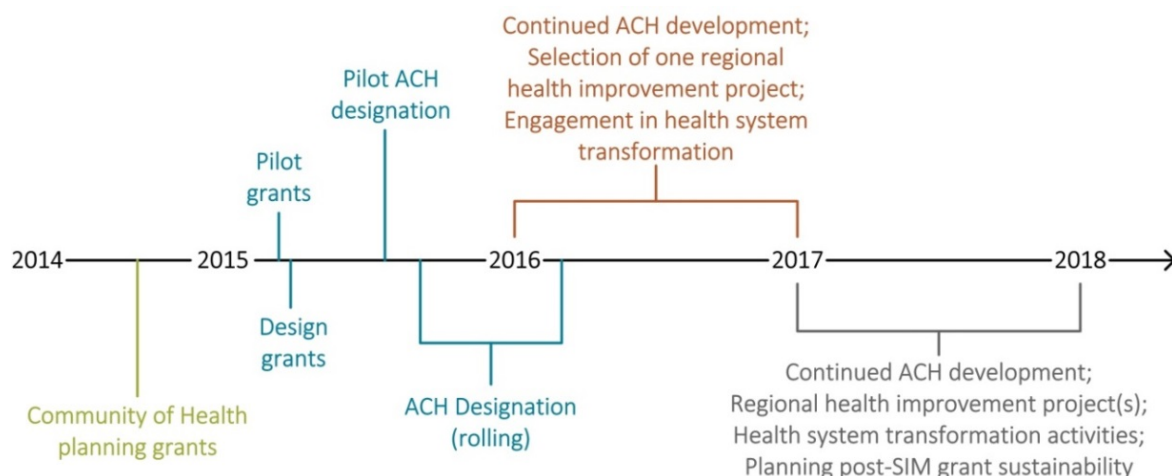
Regional priorities and projects are emerging.

Collaborative work towards a shared regional agenda has been challenging, but ACHs have developed regional needs inventories and are identifying health priorities that will inform their RHIPs. A few ACHs are selecting and planning their first projects, which all the ACHs will focus on in 2016. The aim of their projects is to improve regional health, promote health equity, and advance the Triple Aim. The long-term impact will be assessed using Washington's Common Measure Set.

"The projects are deliberately cross-sectoral and are seeking to demonstrate what can be achieved through mutually supportive and aligned actions of diverse stakeholders within our region."

Moving forward – ACHs demonstrating their value.

In the coming year, ACHs will turn their attention from building a strong foundation to active collaboration on local health improvement projects. ACHs will also be involved in broader Healthier Washington strategies as other programs become more defined. Both ACHs and the state consider sustainability a key focus and the shift to more action-oriented activities will provide ACHs with opportunities to demonstrate their value propositions to both regional and statewide stakeholders. Support, guidance, and partnership from the state to the ACHs will continue to develop as the state, regional, and Healthier Washington landscapes evolve.



ACHs at-a-glance: Regions served and governance structures

ACH	Counties	Designation	Backbone	Governance (decision-making in bold)
Better Health Together (BHT) website	Adams, Ferry, Lincoln, Pend Oreille, Stevens, Spokane	Nov. 2015	Better Health Together <i>Non-profit with dual role</i>	15-member Board of Directors that governs both ACH and BHT programs. 62 regional organizations participate in an ACH Leadership Council. Rural county coalitions are emerging for local activation.
Cascade Pacific Action Alliance (CPAA) website	Cowlitz, Grays Harbor, Lewis, Mason, Pacific, Thurston, Wahkiakum	July 2015 <i>Pilot ACH</i>	CHOICE Regional Health Network <i>Community organization</i>	44-member Regional Coordinating Council which uses a consensus decision-making model. Seven county level forums convene local stakeholders.
Greater Columbia (GC ACH)	Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Klickitat, Walla Walla, Whitman, Yakima	Jan. 2016	Benton-Franklin Community Health Alliance <i>Community organization</i>	17-member Board of Directors (hospital & business representatives vacant). An open-participation Leadership Council that regularly includes 30-50 regional participants.
King County website	King	Nov. 2015	Public Health-Seattle & King County <i>Public Health</i>	23-member Interim Leadership Council with an Interim Steering Committee. Workgroups include Council and community members.
North Central (NCACH)	Chelan, Douglas, Grant, Okanogan	Jan. 2016	Chelan-Douglas Health District <i>Public Health</i>	17-member Governing Board and an Executive Committee. A regional Leadership Council and three county-level Coalitions for Health Improvement (CHIs) convene local stakeholders.
North Sound (NSACH) website Facebook	Island, San Juan, Skagit, Snohomish, Whatcom	July 2015 <i>Pilot ACH</i>	Whatcom Alliance for Health Advancement <i>Community organization</i>	29-member Governing Body that includes regional stakeholders. A Steering Committee.
Olympic Community of Health (OCH) website	Clallam, Jefferson, Kitsap	Dec. 2015	Kitsap Public Health District <i>Public Health</i>	16-member Interim Leadership Council. An open-participation Community of Health stakeholder group also meets and includes 40-50 regional participants.
Pierce County website	Pierce	Jan. 2016	Tacoma-Pierce County Health Department <i>Public Health</i>	23-member Board of Trustees , to be finalized in 2016. 30-40 stakeholders engage in the Pierce Health Innovation Partnership.
Southwest Washington Regional Health Alliance (SWWA RHA)	Clark, Skamania	Dec. 2015	Southwest Washington RHA <i>Non-profit with dual role</i>	22-member Board of Directors that governs both ACH and Early Adopter Behavioral Health activities. A Community Advisory Council includes 13 Medicaid members.

ACHs at-a-glance: Initial regional health improvement priorities

ACH	Regional Priorities (as of January 2016, may be interim)
Better Health Together (BHT) website	<ul style="list-style-type: none"> • Access to oral health care • Community-based care coordination • Linkages in housing, food security & income stability systems • Obesity reduction & prevention • Whole-person care; integration of physical, behavioral & oral health care
Cascade Pacific Action Alliance (CPAA) website	<ul style="list-style-type: none"> • Access to care & provider capacity • Adverse childhood experiences (ACEs) prevention & mitigation • Chronic disease prevention & management • Economic & educational opportunities • Health integration & care coordination
Greater Columbia (GC ACH)	<ul style="list-style-type: none"> • Behavioral health • Care coordination • Healthy youth & equitable communities • Obesity/diabetes • Oral health – primary caries prevention
King County website	<ul style="list-style-type: none"> • Physical/behavioral health integration • Care coordination for complex needs • Health equity • Housing-Health intersections • Prevention – chronic disease & social determinants of health
North Central (NCACH)	<ul style="list-style-type: none"> • Diabetes prevention and management • Health care transformation
North Sound (NSACH) website Facebook	<ul style="list-style-type: none"> • Behavioral health integration & access • Care coordination • Dental & primary care access • Health disparities • Housing • Prevention
Olympic Community of Health (OCH) website	<i>Regional priorities not selected. Broad areas of focus include:</i> <ul style="list-style-type: none"> • Access to care (coverage & capacity) • Population health improvements • Access to “Whole person” support (clinical coordination & integration) • Data management & infrastructure
Pierce County website	<ul style="list-style-type: none"> • Access to care • Behavioral health • Chronic disease • Health equity & social determinants of health
Southwest Washington Regional Health Alliance (SWWA RHA)	<ul style="list-style-type: none"> • Access to care • Behavioral health integration • Care coordination

Washington State Practice Transformation Support Hub Listen Session Report to Stakeholders

December 22, 2015

Prepared by

Cynthia LeRouge, Ph.D.
Ryan Sterling, MPH/MSW
Tao Sheng Kwan-Gett, M.D., MPH

On behalf of the University of Washington SIM Evaluation Project Team

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Background

From July – October, 2015, the Washington State Department of Health’s Practice Transformation Support Hub (PTSH) hosted 14 listening session events intended to engage with as many stakeholder groups as possible to inform the development of PTSH activities. In total, 196 individuals attended listening sessions; these individuals were from 141 organizations, including community health organizations, physical and behavioral health practice organizations, and others with a vested interest in the health and well-being of Washington. PTSH staff were able to facilitate a dynamic community conversation about the constituent needs and preferences of the provider community in regard to PTSH design.

The goal of PTSH is to ensure that physical and behavioral health practices have access to the training and technical assistance resources needed to:

- Advance clinical community linkage priorities by supporting practice efforts to identify with, connect to, and align with community-based services to strengthen whole-person care;
- Accelerate the uptake of bi-directional behavioral health and primary care clinical integration; and
- Support payment reform progress from volume-based to value-based payment systems.

Aligned with PTSH objectives, this summary report compiles key themes profiled from listening sessions related to four key content areas, including:

- Clinical-community linkages;
- Physical and behavioral/mental health integration;
- Payment reform; and
- Health extension centers.

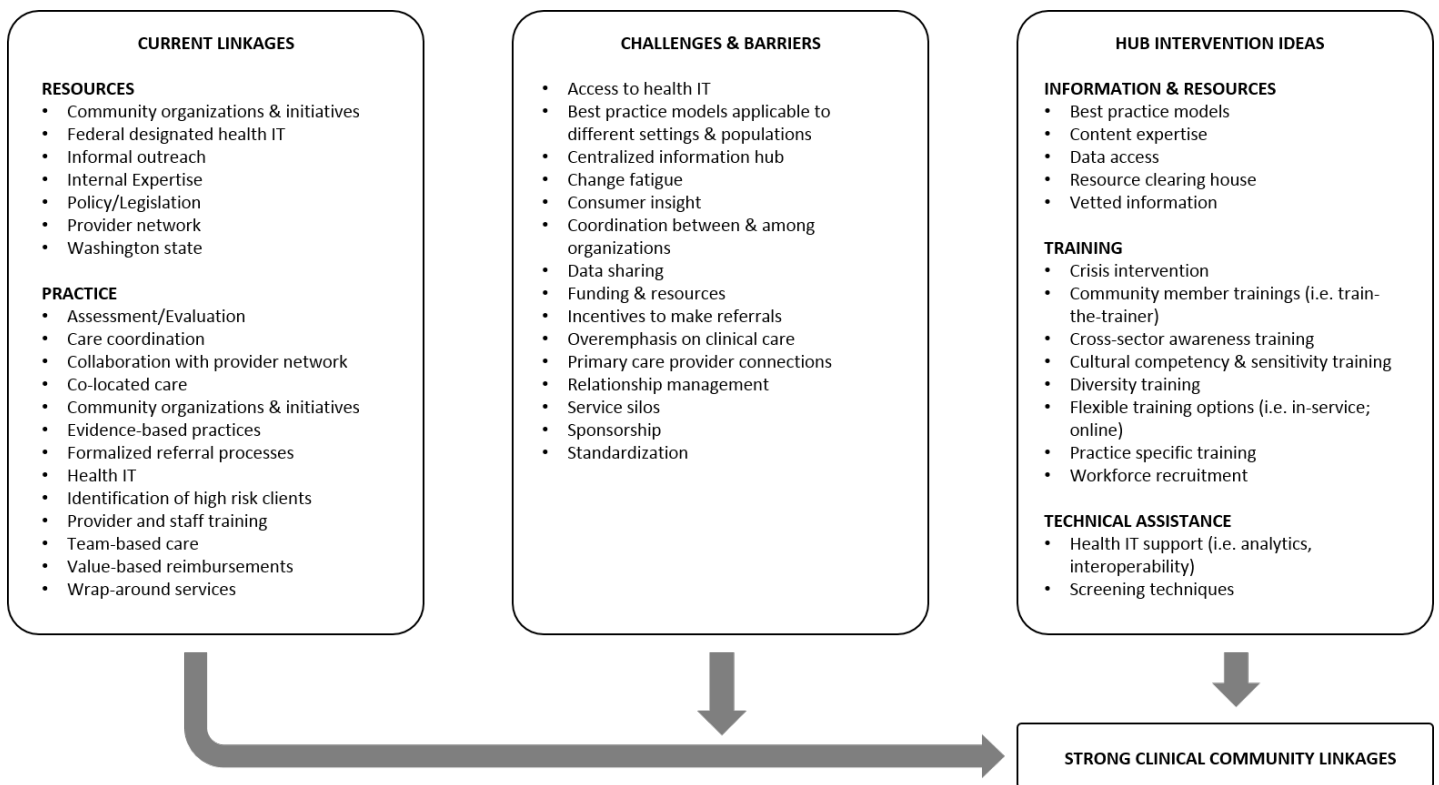
Reported themes were identified via qualitative data analysis conducted by members of the University of Washington State Innovation Model (SIM) Evaluation team at the request of PTSH. For each content area, reported themes capture:

- *Current state*: a description of how Washington providers currently practice;
- *Facilitators*: factors identified by participants that have a beneficial impact on practice transformation;
- *Challenges and barriers*: factors identified by participants that have a negative impact on practice transformation; and
- *PTSH intervention ideas*: ideas for PTSH intervention identified by participants.

Organized by the four key content area, forthcoming is a high-level review of key findings from the 14 listening sessions hosted by PTSH. Distinct themes identified and coded are represented graphically and followed by highlights of the analysis.

Clinical Community Linkages

Themes Identified:



Highlights - Current state of linkages:

- While practices are actively engaged in strategies to develop linkages with community partners, most practices are still in need of stronger clinical-community linkages
- Successful linkages are associated most with increased access to training and technical assistance, particularly the use of health information technologies (health IT), data sharing networks and evidence-based practice
- Community-based resources, provider networks and state and federally designated resources offer important support infrastructure to facilitate care coordination and establish linkages

Key facilitators for strong linkages:

- Relationships among providers and community partners
- Strong organizational leadership
- Strong IT capacity

Key challenges & barriers impeding strong linkages:

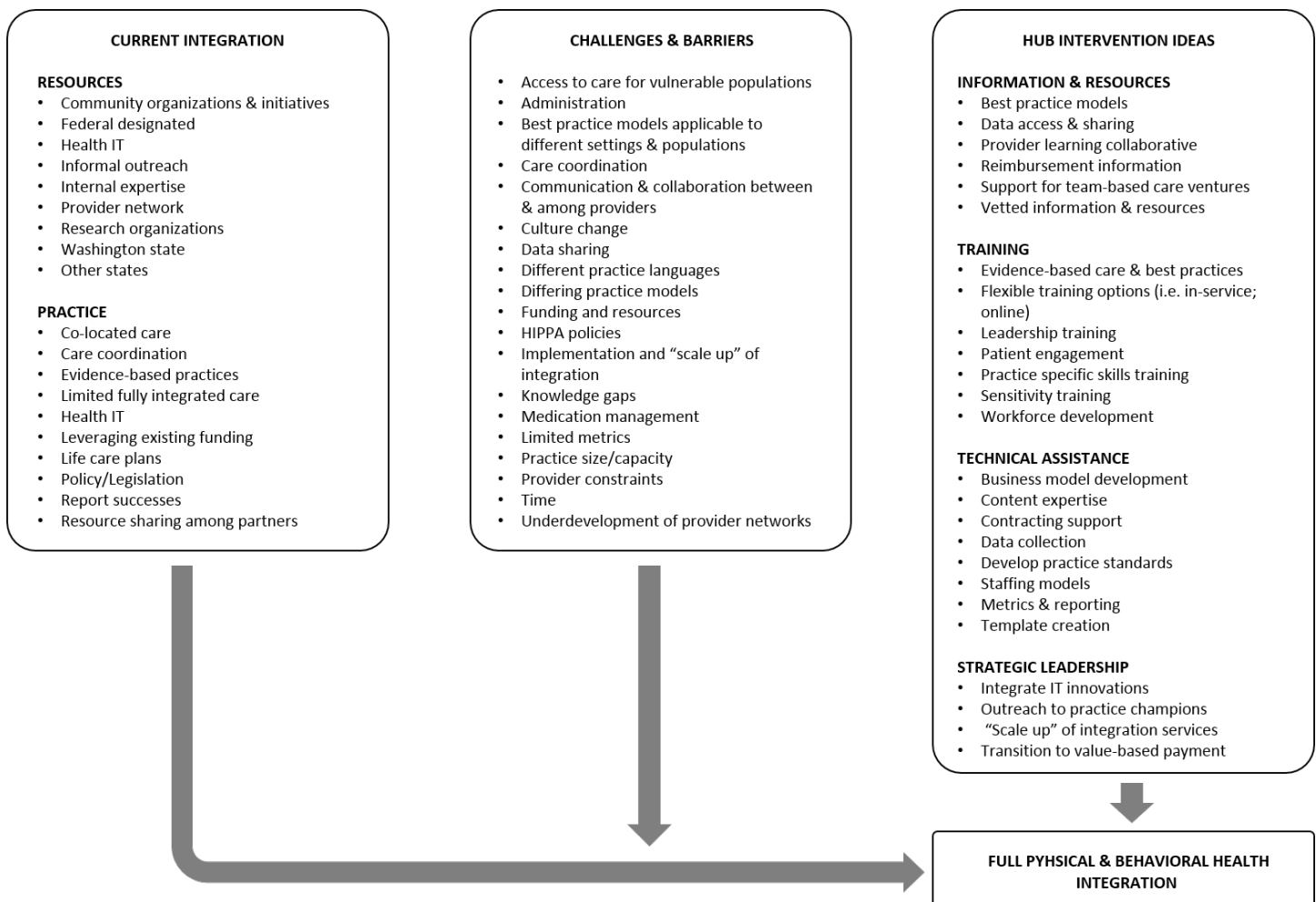
- Service silos
- Difficulty collecting and sharing data
- Limited funding and resources, particularly related to staffing and access to IT

Highlights - PTSH intervention ideas:

- Centralize and curate information and community resources
- Identify and promote best practice models for primary and behavioral health care practice
- Develop a web-based platform to share health indicators on shared patient populations
- Offer trainings related to health IT support and screening techniques

Physical and Behavioral/Mental Health Integration

Themes Identified:



Highlights - Current state of integration:

- The current level of integration in most practices is insufficient to meet the health needs of patients.
- Coordinated care is the dominant integration trend; co-located care is a limited but growing trend
- Fully integrated care is desired but limited across the practice community
- Practices rely on local provider networks, internal provider and staff expertise, and federally designated resources for information and guidance to support current integration efforts

Key facilitators for integration:

- Endorsement of the integrated care model among practice leadership and staff
- Sufficient organization capacity to support integration practice
- Reimbursement structure that supports and incentivizes integration efforts

Key challenges and barriers impeding integration:

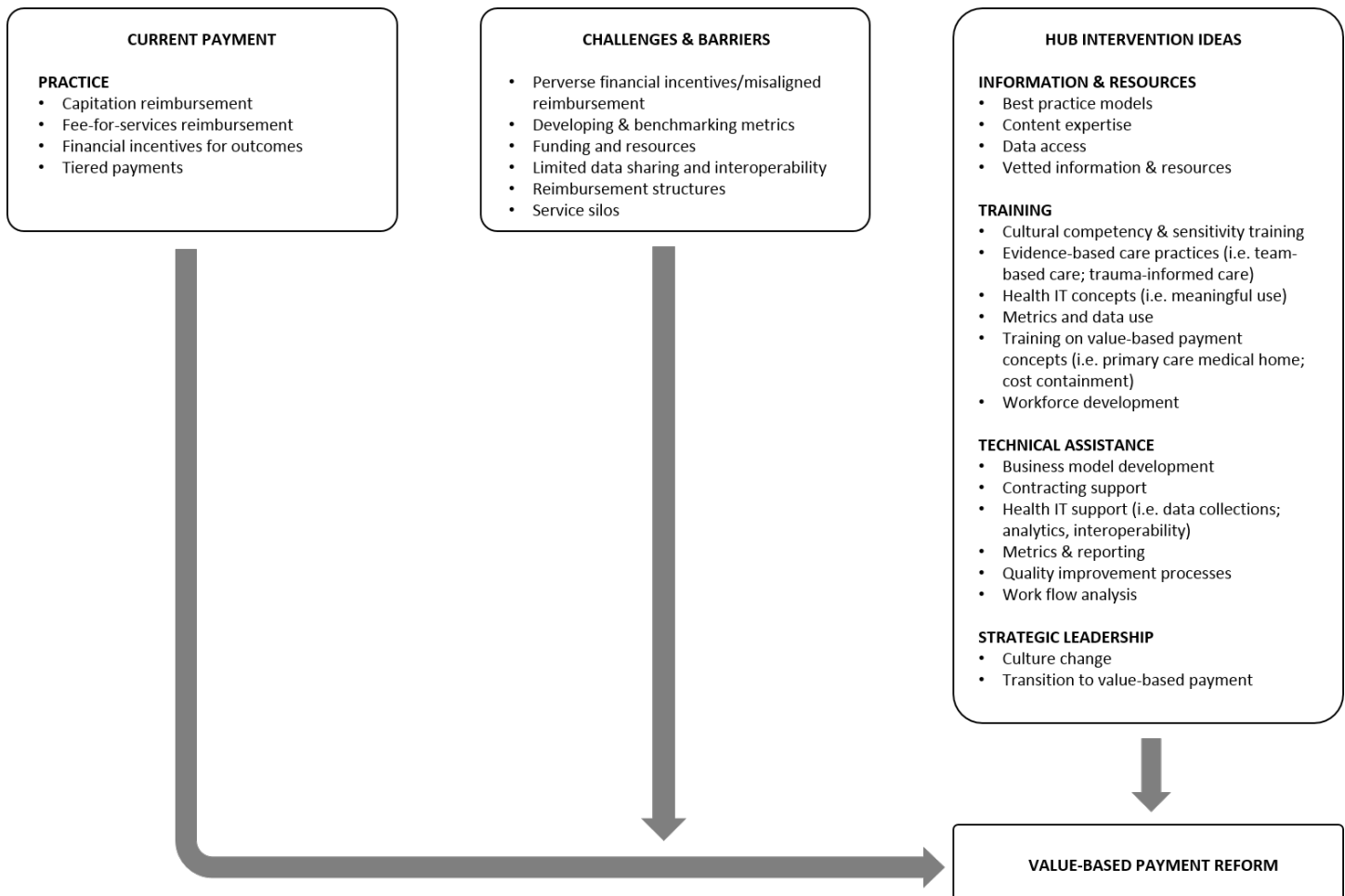
- Limited number of qualified behavioral health providers and lack of provider “buy-in”
- Difficulty maintaining sustainable funding and resources to support integration efforts
- Knowledge gaps and limited examples around what integration best practice looks like

Highlights - PTSH intervention ideas:

- Centralize and curate information and community resources
- Identify and promote best practice models for primary and behavioral health care practice
- Offer trainings related to practice management support (i.e. practice standards, staffing models) and other issues related to implementing integration in the practice setting
- Provide strategic leadership as provider organizations work toward integrated care

Payment Reform

Themes Identified:



Highlights - Current state of payment practices:

- Fee-for-service is the dominant form of reimbursement across Washington State primary and behavioral health practices; many providers are not familiar with value-based payment
- Capitation and other different iterations of payment for better outcomes (both clinical and utilization outcomes) are emerging reimbursement practices

Key facilitators for value-based payment reform:

- None identified by listening session participants

Key challenges and barriers impeding value-based payment reform:

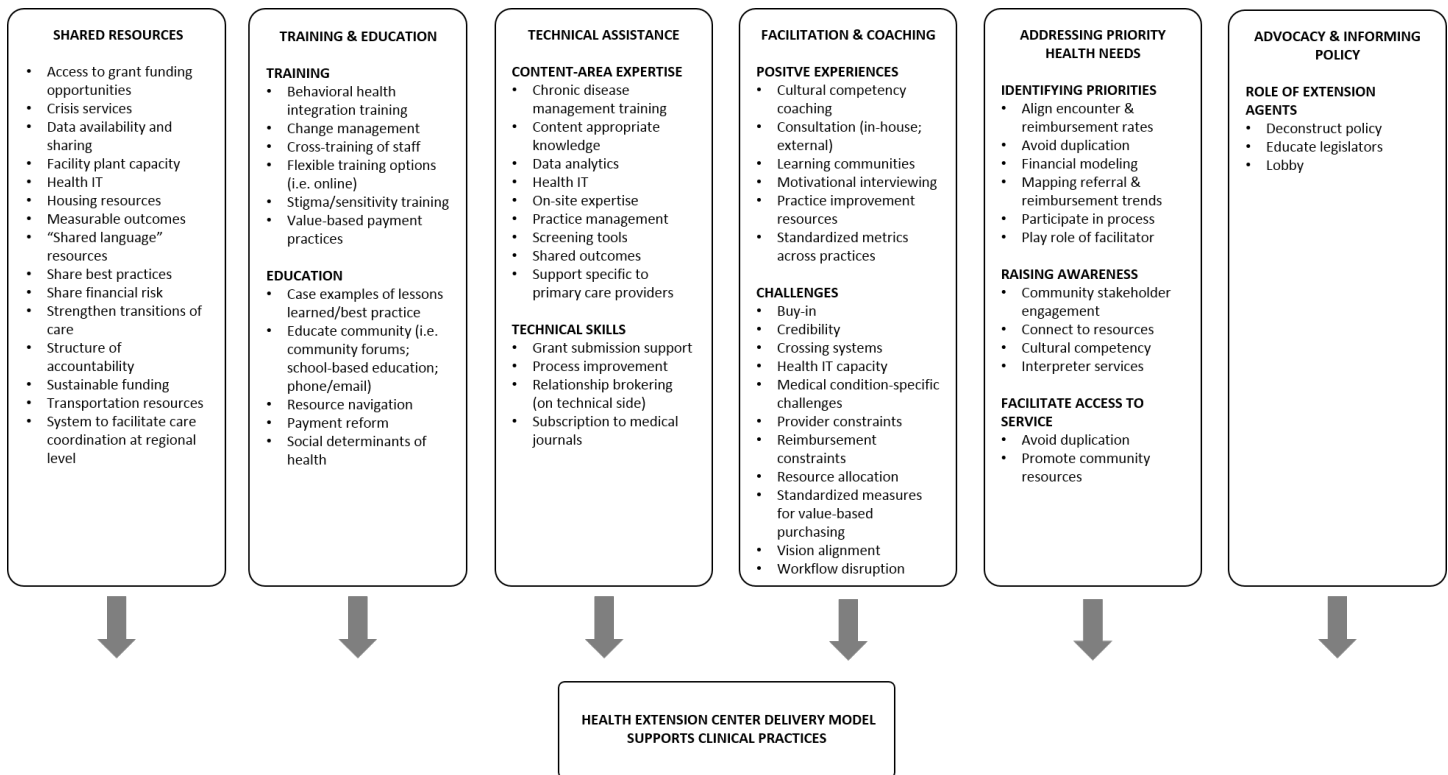
- Misalignment of reimbursement systems with the principles of value-based payment
- Difficulty developing, benchmarking and tracking metrics connecting performance to payment
- Reimbursement structures are siloed by provider and services type
- Difficulty collecting and sharing data

Highlights - PTSH intervention ideas:

- Centralize and curate information and community resources
- Identify and promote best practice models for value-based payment reform
- Offer trainings related to practice management support (i.e. business models, analytics) and other issues related to implementing value-based reimbursement in the practice setting
- Provide strategic leadership and provider organizations work toward value-based reform

Health Extension Centers

Themes Identified:



Highlights - Current state of health extension centers:

Recent Washington State legislation identifies an extension center structure for the delivery of practice transformation support services. No such structure currently exists.

Key facilitators for health extension centers:

- None identified by listening session participants

Key challenges and barriers impeding health extension centers:

- Concern that extension centers will duplicate local health department activities
- Concern that extension centers will divert funding away from local health departments
- Skepticism that extension centers will be staffed at a level to provide value to practices within an Accountable Communities of Health (ACH)

Highlights - PTSH intervention ideas:

- Health extension centers were a venue for many possible interventions mentioned previously in this document. Specific themes related to extension centers include:
 - Share resources, specifically around data, plant capacity, outcome measures, and best practices
 - Provide training and education related to PTSH objectives
 - Provide technical assistance, including both content-area expertise and technical skills

- Provide facilitation and coaching related to PTSH objectives
- Identify priorities, raise awareness and facilitate access to services
- Engage in advocacy and inform policy via health extension center agents
- Promote health equity

Health Innovation Leadership Network

Accelerator Committees Update



April 2016

HILN Accelerator Committees focus on specific and timely efforts that directly impact and drive toward the achievement of Healthier Washington's aims.

HILN Accelerator Committees:

- Accelerate the goals and objectives of Healthier Washington versus advise on policy and operational components of the initiative.
- Evolve, expand and disperse over time as Healthier Washington itself evolves in response to rapid-cycle learning and improvement.
- Build upon existing efforts and groups already in place.
- Are championed by HILN members, with membership including leadership from HILN and non-HILN organizations.

This update provides HILN with information on activities of the Accelerator Committees over the last quarter.

Healthier Washington Communities and Equity Accelerator Committee

Co-champions: Antony Chiang, Empire Health Foundation, and Winfried Danke, CHOICE Regional Health Network

The Healthier Washington Communities and Equity Accelerator Committee promotes the concept of health equity through work done by community members. Based on priorities identified by the members of the C&E Accelerator Committee, the committee is exploring the benefits of further disaggregating health outcomes data. Potential benefits include:

- Identification of health disparities within sub-populations that previously could hide within a larger classification of a population.
- More targeted and effective interventions to address disparities.
- Greater and more widespread knowledge of the disparities that affect Washington State.

The committee is holding its first in-person meeting April 18 at Coordinated Care in Tacoma. This meeting is an opportunity for the group to further identify their value statement and objectives, as well as learn from the gold standard of data disaggregation established by the Office of the Superintendent of Public Instruction (OSPI) and the Comprehensive Education Data And Research System (CEDARS).

Through one-on-one meetings, consultation with data scientists across various government agencies and learnings from partners at OSPI, the committee will come up with recommendations for data disaggregation that address the concerns of inequity hidden within data, while protecting personal health information.

Healthier Washington Clinical Engagement Accelerator Committee

Co-champions: Paul Hayes, Harborview Medical Center, and Hugh Straley, Bree Collaborative

The intent of the Healthier Washington Clinical Engagement Accelerator Committee is to engage clinical leadership and providers in Healthier Washington opportunities to advance the development of integrated, value-based delivery systems linked to community supports to improve population health. Informed by an environmental scan, the committee will coordinate and leverage resources and opportunities to engage in adopting and advancing transformation initiatives, including new and innovative systems of care that are aligned across Washington.

This may be as simple as aligning vital resources, or identifying tools already in existence and putting them into action. Or, it may be as broad as leveraging resources to promote the spread of shared decision making and implementing evidence-based recommendations. The committee will be encouraged to identify and prioritize the areas where they will have the most impact.

The goals of the committee are to engage providers across Washington state in Healthier Washington initiatives that:

- Integrate the delivery of physical and behavioral health;
- Link clinical practice systems to community-based services to provide care that focuses on the whole person;
- Better engage patients and families in health care decisions through shared decision making strategies;
- Build organizational capacity to move to a value-based delivery system; and
- Support the shift away from traditional health system methodologies to the adoption of evidence-based and innovative practices that allow for the delivery of high-quality, value-based health care.

The committee has met once in the first quarter of 2016, identifying a few initial focus areas. However, they are currently in a status of recalibrating after the departure of a co-champion in early February.

Moving forward, Paul Hayes from Harborview Medical Center will join the committee as the new co-champion. The next committee meeting is April 19, where the objective is to restart the discussion with the committee to identify areas of focus for a future in-person meeting. Potential targeted priorities the committee will consider are:

- Engage organizations currently providing practice facilitation/coaching opportunities to ensure alignment and opportunities to spread innovation and support clinical practices.
- Identify and take action around opportunities/thought leaders for development of a peer-supported learning structure for clinical practice systems.
- Identify ways to align incentive structures with the committee's overall goals.
- Identify and promote the use and uptake of evidence-based and innovative practices, using the Bree recommendations as a guide.

- Identify gaps between current clinical practices and pathways to the adoption of recommended innovative practices, including strategies to reduce barriers to implementation.

Healthier Washington Physical & Behavioral Health Integration Accelerator Committee

Co-champions: Teresita Batayola, International Community Health Services, and Joe Roszak, Kitsap Mental Health Services

The Healthier Washington Physical & Behavioral Health Integration Accelerator Committee will build upon existing efforts and collaborations to achieve whole-person care. The committee will engage connections with Washington’s public and private partners to harness innovations and promote the spread of integrated service delivery models. The intent of the committee is to support providers in the ongoing transition to integrated delivery models through the mastering of challenges, distribution of best practices, and sharing of practice transformation support resources.

The majority of committee members have been actively working in some capacity on the implementation of Behavioral Health Organizations (BHOs) and Fully-Integrated Managed Care (FIMC) across the state. On April 1, Washington state successfully launched these two initiatives, which integrate the financing of services, and will begin to move our delivery system toward integrated care at the clinical level. During the transition to BHOs and FIMC, the committee has been on hiatus as members focused on transition and implementation work.

The committee will come together next month for an in-person meeting to discuss the development of a common definition of integration for Washington state. The committee also will discuss findings and lessons learned from the April 1 transition as the state turns toward the implementation of “mid-adoption” of FIMC and statewide adoption by 2020.

Healthier Washington Rural Health Innovation Accelerator Committee

Co-champions: Nicole Bell, Cambia Grove, and Andre Fresco, Yakima Health District

The Healthier Washington Rural Health Innovation Accelerator Committee has chosen to focus on three main structural challenges facing rural providers: people, systems and processes, and technology. These barriers to care delivery and value-based system transformation are interrelated and must be addressed in parallel. As a result, the committee has elected to pursue development around these focus areas in sub-groups, and magnify sub-group efforts through collective committee contribution at several in-person meetings. The underlying theme for the three topic areas is to begin addressing how rural health delivery should and can react to positively benefit in the transitional environment from cost-based to value-based payment.

The Committee held a successful working session at Cambia Grove on March 18. At the working session, committee members broke into three work groups to discuss problem statements around people, systems and processes, and technology. The committee has since met via conference call and will be moving forward with sub-group work for committee review.

In the coming months the committee has chosen to meet in person every two months with the next in-person meeting targeted for June. During this time the Committee will continue regularly scheduled conference calls and will carry out sub-group activities for committee review.

Healthier Washington Collective Responsibility Accelerator Committee

Co-champions: Kathleen Paul, Virginia Mason, and David Wertheimer, Bill & Melinda Gates Foundation

The Healthier Washington Collective Responsibility Accelerator Committee promotes the concept of shared accountability and collective impact in achieving improved community health. Through mutually identified priorities and action, the committee will help shape messaging that resonates, identify key partners across multiple sectors in the promotion and sustainability of Healthier Washington, and serve as champions of the concept of collective responsibility. It will:

- Highlight common indicators of success across a broad range of constituencies in communicating the value proposition of improved community health;
- Articulate and prioritize activities around the concept that all have a role to play across the system in service to mutual action and goals; and
- Serve as "connective tissue" to help those working in the field and across the Accountable Communities of Health move from theory to practice, as well as make the vision of collective responsibility more palatable.

The committee has met twice in the first quarter of 2016, including an extended in-person working session. During the working session, the committee identified its value statement and objectives, as follows:

Value statement: Accelerate collective responsibility for improving community health.

Objectives:

- Gather and share information. Understand and theme the full spectrum of community needs related to improving health outcomes as defined by each community, and share emerging and best practices related to key determinants of success.
- Identify common indicators. Propose indicators of success related to collective efforts to realize shared activities and outcomes, and promote dialogue with and across communities and sectors to address concerns and refine common indicators.
- Communicate, advocate and activate. Develop strategies to educate and communicate with targeted audiences, with a goal of changing the public dialogue by applying lessons learned to communicate with local and state-level systems and policy makers.

Building upon agreed-upon strategies, committee members are in the process of identifying specific and timely action items that have the greatest potential for impact within resource constraints. The committee meets April 13, with the objective to prioritize action items and identify committee member leads for those action items.

Health Innovation Leadership Network

Quarterly Meeting | January 21, 2016

Summary

The fourth quarterly meeting shared successes and learning from the first year of the Healthier Washington initiative and discussed what we can look forward to in the year ahead. The accelerator committees also provided updates on the work of their focus areas.

Opening remarks

Co-chair Dorothy Teeter, Director, State Health Care Authority

- We're closing out the first year of our Healthier Washington grant, which means that the planning year has completed and our first operational year will begin February 1.
- We are trying hard to incorporate all of your valuable feedback from previous meetings, into our future agendas—many members have asked where the conversations on oral health are in relation to whole person care, so today we will spotlight that area with informative presentations.
- Impressed with membership response and progress of accelerator committees.

Co-chair Rick Cooper, CEO, The Everett Clinic

- We should be proud of the unique and successful private-public sector collaboration this group is partaking in and we should all be looking forward to the learnings that the various other states in our country are gaining from participating in the innovations grant.
- Center for Medicare and Medicaid Innovation is closely watching our work around Accountable Communities of Health, paying for value, integrating physical and behavioral health services, and our analytics and measurement work. They're impressed with what we've shared about your engagement and work.
- A perfect example of collaboration efforts taking place among various agencies and organizations is the March 1 conference that will bring together purchasers of care to highlight the importance of value-based purchasing. It is critical that purchasers of care lead this change in the market and that financing will drive behavior.

Oral Health Spotlight

Diane Lowry Oakes, Washington Dental Service Foundation

- Oral health is very connected with the work that everyone is doing and there are opportunities with health care transformation to weave oral health into primary care, for example: the correlation between poor oral health and diabetes diagnosis.
- There's momentum gathering in our state, and nationally, on oral health integration, and collaboration and partnerships are important to ensure the momentum keeps going. There is a system that we can build together that focuses on helping to get people access to

dental care, but that also engages the health care delivery systems and the medical community.

Peter Adler, Molina Healthcare of Washington

- One of Molina's 2016 priorities includes oral health—"no body part left behind"—oral health is a key component of integrated care.
- Due to the low reimbursement rate for dentists, most of them will not accept Medicaid. Many Medicaid patients cannot get in to see dentists so they go to the emergency rooms to receive oral care. There is enough money in the current system to pay for better oral health. The money needs to go to dentists, and not to the emergency rooms that are currently treating patients.

Kristen West, Empire Health Foundation

- Dental Emergencies Needing Treatment (DENT), an oral health initiative, seeks to reduce the number of Medicaid patients accessing the ER for urgent or emergent dental care. DENT uses the "fair share" method, which means that dentists will participate in the program as long as they know other dentists in the area are also participating. Based on analyzing current statistical data, DENT has shown to be a successful program by expanding the provider network and getting patients into clinics for treatment.

Quarterly Update

Healthier Washington Coordinator Nathan Johnson announced that we have received favorable feedback on the Operations Plan submitted December 1 to the Centers for Medicare and Medicaid (CMS) —a true testament of the Healthier Washington team's hard work and dedication.

Healthier Washington is currently engaging with CMS on the Medicaid waiver application and answering their questions about purchasing and service delivery. We plan on reporting the status and outcome of these discussions, and hope to reach an agreement with CMS by April.

Some recent successes:

- Eight of nine prospective ACHs are designated. The ninth is expected to be designated by the end of the month.
- The Accountable Care Program has been launched for public employees, with more than 10,000 people enrolling.
- Molina and Community Health Plan of Washington are the two organizations that will deliver fully integrated managed care in Southwest Washington beginning April 1.
- The Washington Health Alliance released a statewide community checkup based on the state common measure set.

Accelerator Committees

We had nearly 200 people express interest in joining these committees. We put together committees of leaders who have necessary expertise and have the potential to work across sectors and to work together in different ways; kickoff meetings occurred in mid-December and early January.

Work forward will include the identification of an action pathway, which includes identification of objectives, barriers to achieving those objectives, specific actions to overcome barriers and achieve goals, and measures of success. We hope all committees will be taking action and implementing their plans by summer. Committee champions provided updates:

Collective Responsibility, Kathleen Paul & David Wertheimer

- Purpose is to promote the concept of shared accountability and collective impact and achieving health system transformation in Washington.
- First meeting helped to define what collective responsibility really means when applied to Healthier Washington and what needs to be accomplished. Determined the importance of storytelling as a vital tool to help get data and key messages across to audiences.

Communities and Equity, Antony Chiang & Winfried Danke

- First meeting identified a number of themes: being data driven (where do health disparities exist, insurance enrollment data), connecting the idea of health disparities and health equity with the global waiver, connecting children in foster care with a larger system of health care, looking at undocumented population in Washington, and figure out where people are doing things right (bright spots) and replicate those actions across the state.

Clinical Engagement, Hugh Straley & Johnese Spisso

- Members would like to take action by building on some of the strong, existing practices around the transformation efforts that are going on in the state, and collaborations that are currently in place to ensure alignment and opportunities. The committee will begin with a short survey, which members will take, and this will allow the committee to best invest their time and resources.

Rural Health Innovation, Nicole Bell & Andre Fresco

- First meeting contained introductions and decision to have a half-day meeting with all the committee members where they would like to define the state of health needs in rural Washington to turn them into problem statements, group them and prioritize them. The problem statements will allow them to triage and define the actionable work.

Integrated Physical and Behavioral Health, Teresita Batayola & Joe Roszak

- Members have put together a definition library relating to the committee's purpose and have created a readiness assessment tool to help narrow down the work they would like to accomplish. They would also like to promote an understanding of the integration model to help others navigate the changing system.

2015

April 10, 2015
9:00-12:00 p.m.
Cambia Grove Solutions
1800 9th Avenue
Seattle, WA 98101
Second floor, main lobby

July 24, 2015
1:00-4:00 p.m.
Cambia Grove Solutions
1800 9th Avenue
Seattle, WA 98101
Second floor, main lobby

October 16, 2015
9:00-12:00 p.m.
Cambia Grove Solutions
1800 9th Avenue
Seattle, WA 98101
Second floor, main lobby

2016

January 21, 2016
1:00-4:00 p.m.
Cambia Grove Solutions
1800 9th Avenue
Seattle, WA 98101
Second floor, main lobby

April 15, 2016
9:00-12:00 p.m.
Cambia Grove Solutions
1800 9th Avenue
Seattle, WA 98101
Second floor, main lobby

July 29, 2016
9:00-12:00 p.m.
Cambia Grove Solutions
1800 9th Avenue
Seattle, WA 98101
Second floor, main lobby

October 21, 2016
9:00-12:00 p.m.
Cambia Grove Solutions
1800 9th Avenue
Seattle, WA 98101
Second floor, main lobby

2017

January 30, 2017
9:00-12:00 p.m.
Cambia Grove Solutions
1800 9th Avenue
Seattle, WA 98101
Second floor, main lobby

Parking

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1. Across the street from Cambia Grove on ninth (parking lot).
2. Behind the Cambia Grove building (parking lot).
3. Off of Ninth next to Cambia Grove (parking garage). If you park here, take the elevator to the second floor.